## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000081384

**Entity Name:** HIGHTECH AUTO REPAIR, INC.

FILED Apr 10, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

51 W. CENTRAL AVENUE LAKE WALES, FL 33853

**Current Mailing Address: New Mailing Address:** 

8264 OSBERT AVENUE 51 W CENTRAL AVE NORTH PORT, FL 34287 LAKE WALES, FL 33853

FEI Number: 01-0815399 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOTO, ELIX SOTO, ELIX

8264 OSBERT AVENUE 51 W CENTRAL AVE

US US NORTH PORT, FL 34287 LAKE WALES, FL 33853

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELIX SOTO 04/10/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: **PRFS** (X) Change ( ) Addition

Name: SOTO, ELIX Name: SOTO, ELIX 8264 OSBERT AVENUE 51 W CENTRAL AVE Address: Address: City-St-Zip: NORTH PORT, FL 34287 US City-St-Zip: LAKE WALES, FL 33853 US

VΡ Title: **PRES** Title: () Delete (X) Change ( ) Addition

Name: SOTO, ELIX Name: SOTO, ELIX 8264 OSBERT AVENUE 51 W CENTRAL AVE Address: Address:

NORTH PORT, FL 34287 US LAKE WALES, FL 33853 US City-St-Zip: City-St-Zip:

Title: TRFA ( ) Delete Title: TRFA (X) Change ( ) Addition

SOTO, ELIX SOTO, ELIX Name: Name: 8264 OSBERT AVENUE 51 W CENTRAL AVE Address: Address: City-St-Zip: NORTH PORT, FL 34287 US City-St-Zip: LAKE WALES, FL 33853 US

Title: SEC Title: SEC

() Delete (X) Change ( ) Addition SOTO, ELIX SOTO, ELIX

Name: Name: Address: 8264 OSBERT AVENUE Address: 51 W CENTRAL AVE

City-St-Zip: City-St-Zip: NORTH PORT, FL 34287 US LAKE WALES, FL 33853 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119 Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIX SOTO **PRES** 04/10/2007